

ACTION: Final

Reg. Dist. No.

Primary Reg. Dist. No.

Registrar's No.

EXISTING

Appendix
3701-5-02

Ohio Department of Health

VITAL STATISTICS
CERTIFICATE OF DEATH

Type or print in permanent black ink

DATE: 12/20/2010 10:21 AM

State File No.

1. Decedent's Legal Name (Include AKA's if any), (First Middle, LAST, suffix)						2. Sex		3. Date of Death (Mo/Day/Year)		
DECEDENT	4. Social Security Number		5a. Age (Years)		5b. Under 1 Year Months Days		5c. Under 1 day Hours Minutes		6. Date of Birth (Mo/Day/Year)	7. Birthplace (City and State or Foreign Country)
	8a. Residence State		8b. County				8c. City or Town			
	8d. Street and Number				8e. Apt. No.		8f. Zipcode		8g. Inside City Limits?	
	9. Ever in US Armed Forces?		10. Marital Status at Time of Death			11. Surviving Spouse's Name (If Wife, give name prior to first marriage)				
DISPOSITION	12. Decedent's Education				13. Decedent of Hispanic Origin			14. Decedent's Race		
	15. Father's Name				16. Mother's Name					
	17a. Informant's Name				17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)			
	18a. Place of Death				18b. Facility Name (If not Institution, give street & number)		18c. City or Town, State and Zip Code		18d. County of Death	
REGISTERAR	19. Signature of Funeral Service Licensee or Other Agent				20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility			
	22a. Method of Disposition				22b. Date of Disposition					
	22c. Place of Disposition (Name of Cemetery, Crematory, or other place)				22d. Location (City/Town or State)					
	23. Registrar's Signature				24. Date Filed					
CURRER	25a. Name of Person Issuing Burial Permit				25b. Dist. No.		25c. Date Permit Issued			
	26a. Certifier (Check Only One)		<input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.							
			<input type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.							
	26b. Time of Death		26c. Date Pronounced Dead (Mo/Day/Year)				26d. Was Case referred to Coroner?			
CAUSE OF DEATH	26e. Signature and Title of Certifier				26f. License number		26g. Date Signed			
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death									
	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.								Approximate Interval Between Onset and Death	
	Immediate Cause (Final disease or condition resulting in death) a.									
Sequentially list conditions, if any, leading to the immediate cause. b. Due to (or as Consequence of)										
Enter Underlying Cause Last (Disease or injury that initiated events resulting in a death) c. Due to (or as Consequence of)										
d. Due to (or as Consequence of)										
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was an Autopsy Performed?		29b. Were Autopsy Findings Available Prior to completion of Cause of Death?		
30. Did Tobacco Use Contribute to Death?		31. If Female				32. Manner of Death				
33a. Date Of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work?		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)										
33f. Describe How Injury Occurred:										
33g. If Transportation Injury, Specify:										

HEA 2724 Rev. 01/07

APPENDIX B
3701-5-02

print date: 12/20/2010 9:22 PM